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GROUP 3600

PTO/SB/82 (10-00)

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Application Number	09/348,618
Filing Date	July 6, 1999
First Named Inventor	Larson
Group Art Unit	3636
Examiner Name	A. Barfield
Attorney Docket Number	LSN-5

I hereby revoke all previous powers of attorney or authorizations of agent given in the above-identified application:

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<input checked="" type="checkbox"/> Firm or Individual Name	John E. Larson					
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City	Hamilton					
Country	US	State	MT	ZIP	59840	
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Name	John E. Larson
Signature	<i>John E. Larson</i>
Date	March 18, 2002

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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TO: Examiner A. Barfield**FAX NO.:** 1-703-305-7687**COMPANY:** U.S. Patent Office, Group Art Unit 3636**FROM:** Jean Kyle**NUMBER OF PAGES (INCLUDING COVER SHEET):** 3**DATE:** March 18, 2002

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